



**Mecklenburg County
Park and Recreation**
*The Natural Place
To Be...*

2017 Pickleball Registration

Circle Age Group: 45-60 60+ Skill Level (mandatory) 1-5 _____

Circle Event: Men's Double Women's Doubles Mixed Doubles

Participant's Name: _____ Age: _____

Address: _____

City: _____ St. _____ Zip Code _____ Gender: _____

E-mail: _____

Preferred Phone #: _____ Secondary Phone #: _____

Doubles Partners Name: _____ Age: _____

(ALL PARTICIPANTS MUST SIGN TO BE ELIGIBLE TO PARTICIPATE)

I, THE UNDERSIGNED, HEREBY RELEASE & DISCHARGE MECKLENBURG COUNTY PARK & RECREATION DEPT. (MCPRD), AGENTS, EMPLOYEES, OFFICERS, REFEREES, & FACILITIES OF MCPRD FROM ALL CLAIMS, DEMANDS, ACTIONS & JUDGMENTS WHICH I MAY HAVE, OR CLAIM TO HAVE, AGAINST MCPRD FOR ALL PERSONAL INJURIES & ALL INJURIES TO PROPERTY, BOTH REAL & PERSONAL, CAUSED BY, OR ARISING OUT OF, PARTICIPATION IN GAMES, OR OTHER LEAGUE- TOURNAMENT SPONSORED FUNCTIONS BY MCPRD, IT'S AGENTS, EMPLOYEES & OFFICERS. I HAVE NO PHYSICAL CONDITION THAT WOULD PREVENT ME FROM PARTICIPATING IN THE LEAGUE -TOURNAMENT SPONSORED BY THE MCPRD. I AM IN GOOD HEALTH & PHYSICAL CONDITION. I FULLY UNDERSTAND THE DANGERS INVOLVED IN THIS TYPE EXERCISE, FUNCTION, COMPETITION AND PRACTICE. MCPRD RECOMMENDS ALL PARTICIPANTS HAVE A HEALTH PHYSICAL OR CONSULT YOUR DOCTOR IF YOU ARE UNSURE OF YOUR PARTICIPATION IN THIS TYPE ACTIVITY IT IS THE RESPONSIBILITY OF THE INDIVIDUAL PLAYER OR PARTICIPANT TO MAINTAIN HIS/HER OWN HEALTH & ACCIDENT INSURANCE. THE MCPRD ACCEPTS NO RESPONSIBILITY IN THIS MATTER. MCPRD IS NOT RESPONSIBLE FOR ITEMS LOST OR STOLEN; OR PROPERTY DAMAGE.

Participant Signature: _____ Date: _____

Registration Fee: **\$15 Per Player per division**

Certified checks, company checks or money orders preferred. Credit card payments by phone only. Mail to:
Revolution Park Sports Academy 1225 Remount Road, Charlotte, NC 28208. Attention: Aaron Cheeks. Payable to:
MECKLENBURG COUNTY PARK AND RECREATION DEPT (MCPRD).

REGISTRATION DEADLINE: Monday, May 15th at 5:00 pm!

(Please call 980-314-1355 to make payment!)

For Department Use Only

Registration Fee: \$15 _____ Staff: _____ Date Paid: ____/____/____